

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/534130

5-6-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		1			
2		1-				
3	1	-				
4	1	-				
5	2					
6	1	-				
7	1	-				
8	1	-				
9	1	-				
10	1	-				
11	1	-				
12	1	-				
13	1	-				
14	1	-				
15	1	-				
16	1	-				
17	1	-				
18	1	-				
19	1	-				
20	1	-				
21	1	-				
22	1	-				
23	1	-				
24	1	-				
25	1	-				
26	1	-				
27	1	-				
28	1					
29		1				
30	1	-				
31	1	-				
32	1	-				
33	2					
34	2					
35	1					
36	1					
37	1					
38	1		1			
39		1				
40			1			
41			1			
42			1			
43			2			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	35	←		←		←
TOTAL CLAIMS	41					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					1	-
52					1	-
53					1	-
54					1	-
55					1	-
56					1	-
57					1	-
58					1	-
59					1	-
60					1	-
61					1	-
62					1	-
63					1	-
64					1	-
65					1	-
66					1	-
67					1	-
68					1	-
69					1	-
70					1	-
71					2	
72					2	
73					1	
74					1	
75					1	
76					1	
77						
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80						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			6	↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS	41					